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RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES AND FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES IN THE AMERICAS AND THE CARIBBEAN REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the Americas and the Caribbean region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. It also contains a recommendation for supplementary funding in a country in the same region for which no recommendation for funding from general resources is requested since the programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the country concerned. The Executive Director recommends that the Executive Board:

(a) Approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Argentina	1 000 000	9 000 000	1996
Haiti	5 100 000	25 800 000	1995-1997
Jamaica	1 500 000	1 600 000	1995-1996

(b) Approve supplementary funding in the following amount for the programme listed below, subject to the availability of specific-purpose contributions:

Country/programme	Amount (United States dollars)	Duration
Argentina	5 000 000	1995

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

I. ARGENTINA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	10.3
U5MR (per 1,000 live births)	27
IMR (per 1,000 live births)	24
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	100
Literacy (% male/female) (1990)	95/95
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1970)	76
Access to safe water (%) (1991)	71
Access to health services (%) (1985)	71
GNP per capita (1992)	$6,050

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	95 per cent
poliomyelitis:	80 per cent

Pregnant women immunized against:

tetanus:	..

The situation of children and women

1. Since the beginning of the 1990s, Argentina has undergone significant economic changes, including a process of economic adjustment which has stabilized prices and exchange rates. These economic changes have helped, among other things, to reduce the overall level of poverty to 18 per cent from a peak of 36 per cent. This apparently dramatic decrease in poverty, however, may mask an increase in poverty in the long-term, as only 9 per cent of the population lived in poverty in 1986. The high increase in unemployment has been caused by reductions of the government and private sector workforces. Although the economy as a whole is growing, the benefits of growth are concentrated increasingly in the higher-income groups.

2. The distribution of poverty is not uniform throughout the country. Provincial economies - in the north and north-west - have been highly dependent on government employment. The increasing shift of responsibility for the provision of services from the central Government to the provinces has not been accompanied by a corresponding shift of resources. This has led to increasing disparities both in the provision of social services and in social indicators. The least endowed provinces increasingly find themselves unable to provide social services to people who are increasingly in need of such services due to rising unemployment.

3. Of the population of 6.6 million estimated to be living in poverty, one third are children under the age of 14 years. Although Argentina has made substantial progress in improving social indicators and has already achieved virtually all the mid-decade goals, continued emphasis on the decade goals is required, particularly at subnational levels. Although the infant mortality rate (IMR) has declined to 24 per 1,000 live births, it remains above 70 in some areas in the north-west. National averages also mask significant regional variations in the under-five mortality rate (U5MR), which is 27 per 1,000 live births, and the maternal mortality ratio (MMR), which is estimated officially at 100 per 100,000 live births.

4. Since more than 90 per cent of Argentina's total population of 33 million live in urban areas, poverty is largely an urban phenomenon, with some cities more acutely affected than others. Cities with declining industries such as textiles have relatively less access to resources such as transport and communications.

5. In disadvantaged areas, the decline in social services means that health and education services no longer provide an adequate social safety net. Hospital attendance is declining owing to a lack of drugs and other essential supplies, and children do not attend or drop-out of school. Once outside the mainstream of education and employment, those children are at high risk of becoming members of a marginalized underclass, dependent on informal or black market employment. These children are also at risk of falling into a downward spiral of delinquency, crime, drug abuse and prostitution. Many children have already entered into life "on the street", although the number of children actually living in the street without family or community ties remains fairly small. The provision of basic social services is also essential to prevent other children at risk from becoming victims.

6. Government collaboration with non-governmental organizations (NGOs) has been largely in terms of providing grants, but not yet engaging with NGOs as strong partners in reaching children in need. Some NGOs, particularly those affiliated with the Catholic Church, are large and have highly developed institutional structures. Sometimes, they have difficulty in adapting to rapidly changing conditions. A second group of NGOs emerged during the 1970s and 1980s, receiving international support with which they developed sophisticated structures and services. A third group, including neighbourhood associations and other community groups, has the most direct access to the poor, but has low capacity.

7. Disadvantaged areas hold back progress in national social indicators. Addressing these pockets of poverty will be a crucial strategy for achieving the decade goals. UNICEF cooperation in advocacy, capacity-building, empowerment and service delivery will be necessary for the remainder of the 1990s.

Programme cooperation, 1991-1995

8. In 1991, the UNICEF Executive Board approved the country programme of cooperation for the period 1991-1995, with allocations of $3,750,000 in general resources and $3,000,000 in supplementary funding (E/ICEF/1991/P/L.21). In 1992, the general resources planning level for the country was increased from $750,000 to $1,000,000 annually. Due to this increase, the Executive Board approved additional general resources of $1,016,000 for 1994 and 1995 to support the higher planning level (E/ICEF/1994/P/L.32).

9. UNICEF assistance during the early 1990s focused on advocacy, with major efforts to help incorporate the Convention on the Rights of the Child into the new national constitution. The national programme of action (NPA) was decentralized successfully to local governments for implementation. Most of the mid-decade goals will be achieved before the end of 1995.

Communication and social mobilization

10. Through intensive use of the mass media, child-related issues were made prominent with the public. UNICEF support for media activities and strengthening linkages with the governmental, non-governmental and private sectors helped to ensure continued support for programmes to benefit children. Local fund-raising became a critical source of support for UNICEF programmes in Argentina, with over $1.5 million being raised annually for supplementary-funded programmes.

Planning and social statistics

11. UNICEF collaboration with the National Statistics and Census Institute covered the collection and analysis of information regarding the impact of poverty on children and women. This information will be presented in a situation analysis in 1995, which will serve as the basis for the preparation of the country programme of cooperation for the period 1997-2001 as well as for continued advocacy with policy makers, NGOs and the private sector. UNICEF support also was provided for several follow-up studies and the development of evaluation mechanisms to strengthen the impact of basic services for children and women.

Health and nutrition

12. UNICEF provided technical and financial assistance to the health sector, particularly to improve the early detection of high-risk pregnancies, expand antenatal care and improve birth delivery services. UNICEF support also contributed to improving mothers' knowledge of proper infant nutrition, particularly the promotion of exclusive breast-feeding and proper suplementary feeding. The mother and child nutrition programme, designed by the Ministry of Health with UNICEF technical assistance and World Bank funding, reflected a significant expansion of UNICEF cooperation.

Women and gender

13. UNICEF support was provided to groups representing the interests of poor women so as to improve their capacity in communications, e.g. reducing discrimination against and the ill-treatment of poor women and girls.

Children in especially difficult circumstances

14. UNICEF focused increasingly on efforts with provinces to decentralize the NPA and to follow through on the incorporation of the Convention on the Rights of the Child into local laws and statutes. The incorporation of the Convention into the new national constitution provided a solid basis for these efforts and led to an increased focus on child labour and children at risk. UNICEF will expand these efforts during 1995 and 1996.

Water supply and sanitation

15. During the period 1991-1995, UNICEF helped to pursue universal access to safe water supplies and sanitation. In cooperation with the Safe Drinking Water and Sanitation Federal Commission, a new Bureau for Planning, Programming and Evaluation was established. The new bureau contributed immediately to the analysis of the situation of children and women and also helped to refine goals for the water supply and sanitation sector. Identifying budgetary and extrabudgetary sources of support for the pursuit of the sector goals and a programme to extend the coverage of safe drinking water in rural areas were pursued.

Young child development and basic education

16. UNICEF assistance focused on improving the quality of education. The new Federal Education Law requires that primary school enrolment begin at five years of age, and the focus on the quality of education is critical in order to improve attendance and learning achievement.

Recommendation for supplementary funding for the approved country programme, 1991-1995

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1995	Total
Argentina		
Child rights	5 000	5 000

17. The Inter-American Development Bank (IDB) has committed funds for a child rights programme and has played a central role in the elaboration of this programme and the selection of NGO activities to be funded. The programme aims at expanding and enhancing NGO social services for children at risk. Approval for total of $5,000,000 in supplementary funds is requested in the present document to fund activities in 1995 under the current period of cooperation. It is expected that the collaborative UNICEF/IDB/NGO programme will continue through the short-duration programme recommended below and into the second year of the 1997-2001 period of cooperation.

Recommended programme cooperation, 1996

Estimated annual expenditure
(In thousands of United States dollars)

	1996	Total
General resources		
Health	100	100
Planning and social statistics	55	55
Communication and mobilization	100	100
Basic education	50	50
Child development	50	50
Child rights	20	20
Women	40	40
Area-based integrated services	20	20
Programme support	565	565
Subtotal	1 000	1 000
Supplementary funding		
Health	700	700
Planning and social statistics	150	150
Communication and mobilization	600	600
Basic education	300	300
Child development	500	500
Child rights	5 500	5 500
Women and gender	500	500
Area-based integrated services	600	600
Programme support	150	150
Subtotal	9 000	9 000
Total	10 000	10 000

18. Under the present recommendation, general resources and supplementary funds also are requested for a short-duration programme for the year 1996 to allow for the harmonization of the UNICEF programme cycle with that of the United Nations Development Programme (UNDP) and other United Nations agencies.

19. Significant challenges include achievement of the decade goals. Expanding the integration of the Convention on the Rights of the Child into Argentine laws and social structures is crucial to sustaining improvement in the lives of children and women. Addressing the needs of areas with pockets of poverty will be crucial to achieving the decade goals. Therefore, past advocacy initiatives will be continued and integrated with a major new initiative to address the problems of children living in poverty.

20. UNICEF support for advocacy and capacity-building will focus on the national level, and service delivery and empowerment strategies will focus on subnational levels. UNICEF will continue support to build and consolidate a national consensus on the need to give children's needs high priority, e.g. the decade goals. UNICEF will help to expand public and private organization partnerships to help strengthen the provision of services at local levels, especially for children living in extreme poverty. National policies on decentralization are unlikely to produce increased resources for local initiatives. Hence, UNICEF will increase collaboration with local Government,

NGOs and the private sector to enhance their capacity for both social mobilization and service delivery.

Health, nutrition, water supply and sanitation

21. The objective will be to support advocacy and capacity-building for health, nutrition and water supply and sanitation, particularly to achieve the goals of the NPA. A priority will be to develop cost-effective and appropriate technology approaches to health-related problems and service delivery at national and provincial levels. Advocacy for universal and exclusive breast-feeding through the Baby-Friendly Hospital Initiative (BFHI), the use of appropriate technologies and participatory models for water supply and sanitation and community involvement in managing health services will encourage communities to take principal responsibility for improving their situations. Strengthening services for disadvantaged areas will receive priority.

Planning, social statistics and monitoring

22. UNICEF assistance will strengthen capacity to monitor progress towards the goals of the NPA. The objective will be to establish routine assessment of key indicators as a basis for planning social services and evaluating their impact. UNICEF will assist improvement of routine data collection and monitoring as well as specific studies required for advocating policy shifts, especially at provincial and municipal levels.

Communication and social mobilization

23. The objective will be to maintain the high profile of children's issues in national, provincial and municipal policy formulation. Through expanded collaboration, particularly with NGOs and the private sector, UNICEF will advocate so that children are protected from the worst effects of recession and rising unemployment. National advocacy efforts will be based increasingly on successful local-level interventions supported by UNICEF under other elements of the country programme. Local fund-raising will be used both to finance UNICEF activities as well as to increase popular support of basic services.

Basic education

24. In order to help ensure that compulsory primary school attendance leads to student learning achievement, UNICEF will provide technical assistance for national and provincial efforts to improve the quality of basic education. A priority will be to support innovative elementary school projects aimed at reducing repetition of grades.

Young child development

25. UNICEF will support an evaluation of teaching capacity for young children, as well as the improvement of pedagogical skills of child caretakers (community, family and health teams). Enhancing skills at the local level to identify risk factors (e.g. malnutrition, negligence, abuse, violence) and identifying innovative ways to address these problems through expanded partnerships with communities, NGOs and others will be priorities.

Children's rights

26. UNICEF will continue to advocate for incorporation of the Convention on the Rights of the Child into provincial and municipal statutes and to strengthen local capacity for effective implementation of child rights. UNICEF will provide technical assistance to local Governments and to expand and enhance NGO social services for children at risk. This latter effort, to be implemented

with support from IDB, will focus on supporting innovative local initiatives through partnerships with both large and small NGOs. In these partnerships, the larger NGOs will serve as resources to help strengthen management and resource mobilization skills of small NGOs. The smaller NGOs, in turn, will provide more immediate access and accountability for poor communities in the provision of social services, including nutrition, health care, vocational training, alternative education, recreation and counselling to help prevent delinquency and drug abuse in the children of families living in extreme poverty. The programme will focus initially on 10 cities in 9 provinces with severe recessions and unemployment. National-level advocacy efforts will be closely related to the experiences gained at the municipal level.

Women and gender

27. The objective of this programme will be to support research and other activities with a gender perspective. Activities will relate to the needs of young girls and adolescents.

Area-based integrated services

28. In order to demonstrate efficient and effective models for the integration of basic services to meet the needs of poor communities, UNICEF will support area-based activities in three or four of the most deprived regions of the country. Promoting community participation in problem assessment, analysis and action will improve low-cost delivery of social services to those communities most in need. Local Governments and NGOs will be the major partners, and the results of the activities will be used as a basis for wider advocacy at provincial and national levels.

Monitoring and evaluation

29. The country programme will be monitored continuously by UNICEF staff through routine reports, field visits and annual review and planning meetings. In addition, a mid-term review will be carried out in 1995 as a basis for planning the country programme of cooperation for the 1997-2001 period.

30. Monitoring and evaluation will focus on the collaborative child rights programme with the Social Development Secretariat and IDB. NGOs will prepare progress reports on each activity. These reports, to be submitted together with an accounting of funds spent, will include data regarding activities undertaken, numbers of participants, the cost of each activity and some measure of the impact of the activity. These reports will constitute a major input to the annual review and planning meetings, and any lessons learned will be applied to the plan of action for the following year.

Coordination with other United Nations agencies

31. The short-duration programme for the year 1996 will allow for the harmonization of the UNICEF programme cycle with that of UNDP and other United Nations agencies. As discussed in paragraphs 17 and 26 above, IDB has committed funds for a child rights programme and has played a central role in the elaboration of this programme and the selection of NGO activities to be funded. During the preparation of the 1997-2001 country programme, further discussions will take place with other agencies, notably UNDP, IDB and others, regarding opportunities for further collaboration.

II. HAITI

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	2.9
U5MR (per 1,000 live births)	130
IMR (per 1,000 live births)	85
Underweight (% moderate and severe) (1978)	37.4
Maternal mortality rate (per 100,000 live births) (1990)	600
Literacy (% male/female) (1990)	59/47
Primary school enrolment (% net, male/female) (1990)	25/26
Primary school children reaching grade 5 (%) (1990)	47
Access to safe water (%) (1991)	39
Access to health services (%) (1990)	50
GNP per capita (1992)	$370
One-year-olds fully immunized against:	
tuberculosis:	48 per cent
diphtheria/pertussis/tetanus:	30 per cent
measles:	24 per cent
poliomyelitis:	30 per cent
Pregnant women immunized against:	
tetanus:	12 per cent

The situation of children and women

32. The coup d'état of 30 September 1991 plunged Haiti into a severe political crisis which, combined with the embargo imposed by the United Nations and the Organization of the American States, exacerbated a precarious socio-economic situation where human development indicators were already among the worst in the western hemisphere. A chronically poor database makes precise monitoring of the impact of the crisis impossible. However, estimates suggest that the poor (80 per cent of Haitians) have been hit hardest. Per capita gross national product, which had declined an estimated 20 per cent between 1992 and 1993, declined further in 1994, and poverty has increased. The social sector infrastructure, already weak before the crisis, also deteriorated further, reducing the already limited access to public education, health and potable water.

33. The return to constitutional order initiated with the October 1994 reinstallation of Haiti's democratically elected President, Jean-Bertrand Aristide, has ended the political crisis. None the less, a daunting challenge is to revive the economy and strengthen institutional capacities so as to stimulate social and economic recovery. NGOs, traditionally strong actors for development in Haiti, will play an important role in this recovery.

34. IMR may have risen to approximately 110 per 1,000 live births, compared to 85 in 1993. Diarrhoea contributes to 40 per cent of all deaths of children under five years of age, followed by acute respiratory infections (ARI). The following are the leading causes of diarrhoeal diseases: (a) only 39 per cent of the population have adequate access to clean water and 24 per cent to sanitation; (b) only 12.5 per cent of mothers breast-feed exclusively for the first three months (only 2.8 per cent in Port-au-Prince); and (c) weaning and infant feeding practices are inadequate.

35. Moderate and severe malnutrition affected about 18.5 per cent of children under five years of age before the crisis. In 1994, close to one half of all Haitian children under five years of age suffered from some degree of malnutrition. A malnutrition/infection complex particularly affects children under 24 months of age. The increase in malnutrition is linked to a decline in household food security, a related decline in employment, an increase in food prices and an overall decline in basic services. The increase in economic hardship has caused more women to work outside the home; this, in turn, compromises child care (Pan American Health Organization (PAHO)/World Health Organization, 1994).

36. Data from major hospitals show a measles case fatality rate close to 14 per cent in 1993, with the fatality rate highest for children under five years of age. The decline in immunization coverage during the crisis period and the measles outbreak associated with malnutrition contributed to the increase in child deaths.

37. One third of households are headed by women. Maternal mortality is very high at 600 per 100,000 live births. Only 7.4 per cent of the population use contraceptives. As an indicator of the nutritional status of pregnant women, some 15 per cent of all newborns suffer from low birth weight. Women in Haiti face numerous constraints to full participation in the development process. Although more women than men work in agriculture, women cannot inherit land when their spouse dies. While girls are enrolled in primary school in almost equal numbers to boys, girls are absent more frequently, being called away to carry out household chores. An estimated 120,000 girls work in domestic service, from where access to basic services is extremely limited.

38. The gross primary school enrolment ratio in 1990 was estimated at 56 per cent, with female and male enrolment ratios almost equal. The net enrolment ratio for children of primary school age was only 26 per cent, indicative of a many over-age children in primary schools. The inefficiency of the education system is reflected in the low level of primary school completion. This is due in large part to the poor quality of education, including poorly trained teachers; a shortage of educational materials; limited supervision; and poor management. The capacity of the Ministry of Education is weak and there is a lack of clearly defined educational priorities, policies and standards. The education system is predominantly private, accounting for an estimated 90 per cent of school enrolment.

39. The crisis has led to a higher number of school drop-outs and an increase in street children and child servants. Services for the social reintegration of these and other children in especially difficult circumstances are insufficient both in quantity and quality.

40. The rate of human immunodeficiency virus (HIV)-positive cases is estimated to be 8 per cent of urban adults and between 2 and 4 per cent among the rural population; 3,086 cases of acquired immune deficiency syndrome (AIDS) were recorded in 1991, of which 40 per cent were women. The health and nutritional status of children and women appears to be worse in the North-west Department and in the marginal zones of the capital. Thirty per cent of Haiti's population of 6.8 million live in the capital, Port-au-Prince, and surrounding areas. The vast majority of people in Port-au-Prince live in slums with few or no services. In 1991, approximately 53 per cent of the inhabitants of Port-au-Prince had access to clean water; by 1994 this had fallen to an estimated 35 per cent. The quality of the water also has deteriorated.

Programme cooperation, 1990-1995

41. The programme of cooperation for the period 1990-1995 was planned during a period of optimism preceding Haiti's first democratic elections. It aimed to support efforts towards the achievement of some of the decade goals for children, in particular, universal child immunization (UCI) and the reduction in child mortality due to diarrhoea. Another priority was integrated basic services in selected slums of Port-au-Prince and the Leogane, Petit-Goave and Grand-Goave areas, using community participation as a key strategy. The programme was carried out under relative stability during the first two years, although the change in Government and subsequent ministerial restructuring led to some implementation delays early in 1991. Following the September 1991 coup d'état and subsequent embargo, the country programme was reoriented as an emergency operation, with a primary focus on humanitarian assistance. In accordance with the diplomatic sanctions against the de facto Government, programme implementation was carried out primarily through NGOs, subnational institutions and the offices of constitutionally-elected mayors.

42. Health priorities included the provision of essential drugs and supplies to some 500 health facilities. UNICEF assistance for immunization resulted in an increase in coverage from approximately 10 per cent to an estimated 40 per cent in two communes of Port-au-Prince.

43. UNICEF also provided support for (a) the trucking of water to poor rural and urban communities and hospitals; (b) emergency repairs to and construction of spring water catchments, community water tanks and wells equipped with hand-pumps; and (c) supplementary feeding of malnourished children.

Lessons learned

44. Partnerships with NGOs, the media and locally-elected officials have proven to be very effective for service delivery and advocacy. The positive experience of working with the mayors' offices can be further expanded upon as a strategy for implementing the proposed bridging programme. This strategy would also strengthen the capacity of municipal Governments.

45. Programme interventions have been too scattered; better results could be obtained by more refined geographic targeting. This can be achieved by prioritizing selected departments and working more closely with subnational institutions, particularly with the mayors' offices to develop municipal/communal plans of action for the mid-decade and decade goals for children.

46. Additional efforts will be required to strengthen national- and local-level capacities for data collection, analysis and monitoring.

Recommended programme cooperation, 1995-1997

Estimated annual expenditures

(In thousands of United States dollars)

General resources	1995	1996	1997	Total
Health and nutrition	450	450	400	1 300
Education	250	300	250	800
Water supply, sanitation and hygiene	100	100	100	300
Basic services	200	200	200	600
Advocacy and communication	200	150	150	500
Planning and monitoring	200	200	200	600
Programme support	300	300	400	1 000
Subtotal	1 700	1 700	1 700	5 100
Supplementary funds				
Health and nutrition	1 500	3 500	3 000	8 000
Education	1 000	2 500	2 000	5 500
Water supply, sanitation and hygiene	1 000	2 000	1 500	4 500
Basic services	500	1 000	1 000	2 500
Advocacy and communication	500	1 000	1 000	2 500
Planning and monitoring	500	1 500	800	2 800
Subtotal	5 000	11 500	9 300	25 800
Total	6 700	13 200	11 000	30 900

47. The country programme for Haiti for the period 1990-1995 was approved by the Executive Board in 1990 (E/ICEF/1990/P/L.13). Because of increasing programme support costs and accelerated programme implementation, the annual planning level was increased, and in 1994 the Executive Board approved an additional allocation of $1,613,507 to continue activities through 1995 (E/ICEF/1994/P/L.32). The present short-duration submission covers the period 1995-1997 and takes into consideration the need to respond to recent developments in Haiti following the return of President Aristide in October 1994. The present submission also will provide a sufficient time-frame for developing a full country programme following the presidential elections scheduled for the end of 1995, as well as facilitate the harmonization of a full country programme cycle with those of the other United Nations operational agencies in Haiti. Over 70 partners, including institutions from the public and private sectors, the media, NGOs, municipalities, women's networks and church groups, were able to participate in the short-duration programme preparation exercise. The programme also has been developed and will be implemented in full coordination with the various standing inter-agency committees composed of technicians of concerned ministries, United Nations agencies and the main bilateral and multilateral partners and NGOs. Each committee is headed by a lead agency and meets regularly to harmonize and coordinate programmes and for information-sharing and other technical matters.

48. A major goal of this interim programme is to contribute towards efforts of the Government, other international agencies and NGOs to reverse the deterioration of social services and the downward trends in the status of children. The objectives include (a) strengthening the delivery capacity of basic services to meet most immediate needs; (b) improving longer-term service delivery; and (c) policy reform and support for the development of new programmes. The programme covers the entire country. However, special emphasis will be placed on the metropolitan zone of Port-au-Prince and the North-west Department, where child health, nutrition and economic indicators are below the national averages. Improvements in the situation of women is a major strategy in all components of the programme of cooperation.

49. The programme of cooperation will be implemented principally through existing municipal government structures (commune), headed by elected mayors, helping, in the process, to strengthen the ability of mayors to initiate, implement and monitor local basic services for women and children. UNICEF will continue to work with a network of NGOs engaged both in service delivery and in community organization. UNICEF will serve, wherever possible, as a facilitator for strengthening the dialogue between NGOs, other sectors of civic society and the Government to promote a national movement for children. UNICEF will support selected ministries for policy development and decentralization of administrative structures and procedures for services.

Health and nutrition

50. This programme aims to contribute to strengthening the integrated delivery of basic health services at the community level. UNICEF will work in close coordination with the Ministry of Health, PAHO, the United States Agency for International Development and NGOs and will participate in the various inter-agency committees that were established in 1994. UNICEF will provide technical and material support for (a) the training of health workers in improved case management of diarrhoeal diseases and ARI; (b) increasing immunization coverage to 50 per cent of infants and 95 per cent measles coverage for children 9 months to 15 years of age; (c) improving prenatal services and increasing the awareness and knowledge of women and families about safe birth practices and preventive health care, including reproductive health care and HIV prevention; (d) introducing BFHI in 20 per cent of maternity institutions and promoting breast-feeding and improved infant feeding practices; (e) gradually developing community-based primary health care (PHC) activities, using the Bamako Initiative approach, in selected health centres in three departments; and (f) developing a strategy for the achievement of universal salt iodization.

Basic education

51. The overall objective is to support efforts aimed at increasing the access, quality and internal efficiency of the basic education system. UNICEF will work in collaboration with the Ministry of National Education, the Haitian Foundation for Private Education, the Association of Private School Directors, the School Sponsorship Fund, Mission Alpha, the United Nations Educational, Scientific and Cultural Organization and other agencies. UNICEF will support (a) the development of a national education plan and a national consensus on education; (b) the training of educational personnel, including pre-school and primary school teachers, school inspectors and principals, in improved teaching methods and curriculum; (c) the development of a non-formal primary education curriculum for over-aged children and an estimated 500,000 children with special needs, such as child servants, street children and school drop-outs; and (d) the provision of didactic and learning materials to support these interventions.

Water supply, sanitation and hygiene

52. The aim of this programme is to ease the burden of women and children in providing household water and to improve the health and well-being of poor communities in selected rural and marginal urban areas by increasing access to clean water and sanitation. UNICEF will assist with supplies and equipment in the West, Central and North-west Departments; hygiene and environmental education; and strengthening national capacity through the use of low-cost appropriate technologies. UNICEF will cooperate with NGOs operational in the selected communities and national institutions responsible for clean water supplies.

53. UNICEF will assist in (a) the construction of 10 gravity systems, 15 spring catchments, at least 20 boreholes with hand-pumps and 15 rainwater catchment systems in the West (metropolitan areas of Port-au-Prince and Leogane), Central and North-west Departments; (b) the construction of 3,000 latrines as well as the promotion of good hygiene practices; (c) the formation and training of community water committees to strengthen community participation in planning, implementation, maintenance and financing; and (d) the strengthening of national- and local-level capacity to monitor water supply and sanitation coverage.

Basic services

54. Coverage will include selected poor communities in the North-west and West Departments and will be complemented by activities of the sectoral programmes described above. The programme aims to strengthen community capacity for assessing and analysing the causes of problems affecting children and women, taking action to solve them and managing activities supported by the national sectoral programmes. Major strategies, in addition to those supported by the national-level sectoral programmes, include (a) technical, managerial and mobilization training for and through women's groups, peasant organizations and trade unions; and (b) the establishment of modest credit schemes to develop small-scale commercial and agricultural activities to strengthen household food security.

Advocacy and communication

55. This programme permeates the entire country programme and aims to mobilize the Government, civil society and NGOs to form a movement for meeting the basic rights of children. Using the Convention on the Rights of the Child as a reference, the strategy includes advocacy with decision makers at all levels of society, largely through the mass media, for the adoption of new policies, laws and services favourable to children and to women. Priorities also include promoting and supporting services that protect the rights of 20,000 children living in especially difficult circumstances, such as street children and domestic servants. In addition, through the Konesans Famille Se Lespwa Timoun (Family Knowledge is Children's Hope) project, approximately 600,000 adults and 15,000 adolescents will be educated on Facts for Life and made aware of the Convention on the Rights of the Child. UNICEF support will include technical and material assistance for the development of educational messages and materials for use by the mass media on the situation and rights of children. UNICEF also will provide support for reinforcing a network of women's organizations aimed at promoting the rights and needs of women.

Planning and monitoring

56. This programme will strengthen municipal-level capacity for analysing and monitoring the situation of children. The strategy is to assist mayors, within the context of the Mayors as Defenders of Children initiative, in their role as

local development coordinators. This strategy will include support for preparing local plans of action for children and training in sentinel site monitoring and project management. Coverage will focus on the West and North-west Departments, where the country programme will focus on community-level activities. In addition, at the national level, UNICEF will provide technical and material support to statistical institutions to facilitate monitoring of progress towards the mid-decade and year 2000 goals for children.

Programme support

57. A portion of regular programme funds will be allocated for staffing and operations support to the programme. In addition, logistical and project support costs, including technical assistance and personnel costs, have been included in the budgets of the supplementary-funded components of the programme. Given the relatively weak government infrastructure in Haiti, programme and logistical support activities are crucial for facilitating programme implementation.

III. JAMAICA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	0.8
U5MR (per 1,000 live births)	13
IMR (per 1,000 live births)	11
Underweight (% moderate and severe) (1989)	7.2
Maternal mortality rate (per 100,000 live births) (1987)	120
Literacy (% male/female) (1990)	98/99
Primary school enrolment (% net, male/female) (1990)	99/100
Primary school children reaching grade 5 (%) (1990)	96
Access to safe water (%) (1991)	100
Access to health services (%) (1985)	90
GNP per capita (1992)	$1,340
One-year-olds fully immunized against:	
tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	91 per cent
measles:	72 per cent
poliomyelitis:	93 per cent
Pregnant women immunized against:	
tetanus:	..

The situation of children and women

58. Jamaica has made substantial gains with respect to child survival and legal reforms, and policies in favour of children and women. The challenge the Government and communities now face is to sustain those achievements and to address difficult problems of child development and protection. Economic adjustments have included cuts in social expenditure; income distribution is significantly skewed and one third of the population lives in poverty.

59. Jamaica is well poised to meet the goals set for the year 2000 at the World Summit for Children, as well as the mid-decade goals for health, nutrition and education. Malnutrition and gastroenteritis are no longer major causes of child deaths. Immunization coverage for tuberculosis, combined diphtheria/pertussis/tetanus and poliomyelitis has been sustained at above 90 per cent, and there have been no reported cases of neonatal tetanus since 1991. Net primary school enrolment is very high, with girls actually out-performing boys. The literacy rate for women is 99 per cent.

60. Further action is needed, however, with regard to increasing the prevalence of breast-feeding and immunization coverage against measles. Perinatal complications continue to be a leading cause of infant mortality, and communicable diseases represent fully one half of child morbidity. Pediatric AIDS, resulting primarily from maternal transmission, accounts for 8 per cent of all AIDS cases.

61. Jamaica is a State Party to the Convention on the Rights of the Child and has undertaken a review of national laws with respect to their conformity with the terms of the Convention. Social attitudes may lag behind the Convention's

ideals, however. Child-rearing practices tend to emphasize corporal punishment, and the number of reported cases of physical and sexual abuse of children increased by more than one third from 1992 to 1993. The number of children who work and live on the streets rose from 1,200 in 1989 to 2,500 in 1994. Although teenage pregnancy among 15- to 19-year-olds has declined in the past decade, these pregnancies account for nearly one quarter of all births in Jamaica.

62. Some 42 per cent of all households are headed by women, who carry the double burden of raising their children and working to meet their family needs. The unemployment rate for women is 10 per cent higher than for men.

Programme cooperation, 1990-1994

63. The programme of cooperation for the period 1990-1994 was approved by the Executive Board at its 1990 session, with allocations of $1,500,000 in general resources and up to $4,400,000 in supplementary funds (E/ICEF/1990/P/L.14).

64. For the most part, the PHC programme has achieved its objectives of improving the level of care through more consistent service delivery, training of staff and strengthening linkages to enhance individual and community participation. UNICEF has provided financial, technical and material support for UCI and, except for measles, coverage rates of over 90 per cent have been achieved. The rate for measles immunization was 72 per cent at the end of 1993 because attendance at well-baby clinics tends to decline as infants get older, and the measles vaccine is not given before the age of nine months. To counteract the low coverage rate for measles, special immunization months were declared in 1994, emphasizing the involvement of NGOs and community support.

65. The project for the control of diarrhoeal diseases (CDD) has exceeded its objective of maintaining a case fatality rate of less than 1 per cent - the rate stands at 0.1 per cent. Strategies have included ensuring the availability of oral rehydration salts and knowledge of oral rehydration therapy (ORT), as well as prevention, through monitoring of access to adequate water supplies, sanitation and hygiene education.

66. With UNICEF financial and technical support, a health curriculum for primary schools was completed in 1991 through the child health, education and development project. The materials were tested in 1992 and are now in use in schools in all of the country's 14 parishes, with 30,000 children participating.

67. The prevalence of breast-feeding increased from 48 per cent in 1989 to 52 per cent in 1993, through BFHI, which has included public education, training of health staff and certification of the nation's largest maternity facility to "baby-friendly" status. To help reduce maternal and perinatal mortality, UNICEF has provided iron folate supplements for pregnant and lactating women and has trained midwives and public health nurses in the early detection of high-risk pregnancies.

68. The programme for children in especially difficult circumstances has addressed children's rights, especially problems of child abuse. UNICEF was a strong advocate of ratification of the Convention on the Rights of the Child, which was achieved in May 1991, and for the timely submission of the country's first report to the Committee on the Rights of the Child in 1993. UNICEF provided technical and financial support for the review of national laws with respect to the terms of the Convention; the final report is under review with the Attorney General. Public education and advocacy have been undertaken in collaboration with the Jamaica Coalition on the Rights of the Child, a group comprising 15 NGOs. UNICEF has supported the training of public health staff in the diagnosis, treatment and management of child abuse cases. To reduce the incidence of child abuse and neglect, UNICEF has collaborated with NGOs in the

development of educational materials and training for both fathers and mothers in better parenting.

69. The programme for women in development has included strengthening the capacity of the national Bureau of Women's Affairs through staff training on gender analysis. Workshops and seminars on income generation and skills development were organized for more than 1,500 women. UNICEF has funded training in basic education, health and life skills for more than 1,500 adolescent mothers annually. A home-based nurseries project provides care to a limited number of children of working mothers, as well as training for those mothers.

Lessons learned

70. The mid-term review found that while public education and community mobilization have contributed to the successes of the programme, there is scope for increased collaboration with NGOs and other allies, including the private economic sector. This would be important not only for sustaining the programme's achievements, but for further improving programme implementation. The private sector, in particular, has shown increased interest in the well-being of children, and this opportunity should not be lost.

71. Child health needs beyond early infancy and measles immunization require attention. These needs should be a high priority of public health education. The care of children of working mothers also needs to be addressed through advocacy with policy makers to improve services.

72. Adolescent girls are an important target group, both for life skills training (including in reproductive health) and for income-generating skills. Government/UNICEF recognition, however, that responsible parenthood is the duty of men as well as women is critical to improving child care in Jamaica.

Recommended programme cooperation, 1995-1996
Estimated annual expenditure

(In thousands of United States Dollars)

	1995	1996	Total
General resources			
Primary health care	160	210	370
Children in especially difficult circumstances	110	110	220
Women in development	85	80	165
Advocacy and social mobilization	175	150	325
Programme support	220	200	420
Subtotal	750	750	1 500
Supplementary funds			
Primary health care	500	500	1 000
Children in especially difficult circumstances	300	300	600
Subtotal	800	800	1 600
Total	1 550	1 550	3 100

73. In accordance with General Assembly resolution 47/199 of 22 December 1992, agencies of the United Nations system participating in the Joint Consultative Group on Policy (UNICEF, UNDP, the United Nations Population Fund, the World Food Programme and the International Fund for Agricultural Development) represented in Jamaica propose to harmonize their programme cycles with effect from January 1997. The present programme recommendation provides for funding requirements for 1995 and 1996. This transitional period provides an opportunity for institutionalizing Jamaica's NPA and its goals for the year 2000 as a framework for implementation of the Convention on the Rights of the Child and as a basis for future UNICEF cooperation. The objective is to sustain the goals achieved in Jamaica with respect to health and education and to enhance the development and protection of the poorest and most vulnerable children.

74. As in the previous period of cooperation, the components of the country programme include PHC, children in especially difficult circumstances, women in development, advocacy and social mobilization, and programme support.

Primary health care

75. The objective of PHC is to sustain the reduction of young child morbidity and mortality and maternal mortality through the expanded programme on immunization, CDD, child health education, maternal and perinatal care, and breast-feeding and infant nutrition.

76. The Government has established the goals of full immunization of all children under the age of one year and the elimination of measles by the end of 1995. UNICEF support will include training, the provision of needles and syringes and strengthening of surveillance and cold-chain monitoring. For CDD, the in-service training of health care staff and community education in hygiene and ORT will be emphasized.

77. The curriculum developed in the child health, education and development project will cover 98 per cent of the primary school population by the end of 1996. Public education through mass communication will include themes on ARI, accident prevention and HIV/AIDS.

78. Breast-feeding promotors will be placed in the major maternity hospitals, and the establishment of community breast-feeding support groups - the most difficult of the 10 steps of the BFHI - will be emphasized. UNICEF will provide technical and financial support for training, monitoring and supervision.

79. Efforts to reduce maternal mortality will concentrate on increasing the proportion of pregnant women who receive first trimester consultations at antenatal care centres from 20 to 80 per cent, as well as increasing the average number of antenatal visits from four to five. The strategy is to expand coverage through the training of clinic staff in the detection and management of high-risk pregnancies and public education targeted particularly at adolescents of both sexes.

Children in especially difficult circumstances

80. The first objective of the programme is the broad education of policy makers and the public, including children, on the rights of the child. The prevention of child neglect and abuse and improved protection of street children and working children are of special importance.

81. The private sector has launched an initiative to fund counselling and rehabilitation centres for street children and working children and their families in two parishes, with UNICEF and NGO support. UNICEF also will provide technical and financial support to the Government and NGOs in parenting

education, counselling of children and parents, and the reintegration of street children into their families. Following the review of Jamaican law with respect to child rights, advocacy for improved legislation will continue, supported by research, policy analysis and mobilization.

Women in development

82. The programme for women in development uses both policy development and service delivery strategies. The women's equality and empowerment framework developed by UNICEF at the global level will be used in the training of government and NGO officers, particularly those responsible for programme planning and development. This policy framework will help to ensure that gender analysis is applied as comprehensively as possible, and not only with projects directed specifically at women.

83. UNICEF will continue to work with NGOs in the empowerment of young women through training and employment services. The continued reduction of teenage pregnancy is also an important objective that will be pursued through training and counselling, supported by public education, for teenagers of both sexes. Private sector support will be actively sought with respect to the latter.

84. Expansion of the home-based nurseries project will continue, targeting an additional 7,400 young children of working mothers by the end of 1996.

Advocacy and social mobilization

85. The programme will continue to foster a broad awareness and understanding of children's needs and rights, in particular on the Convention on the Rights of the Child, among policy makers, the public-at-large and children themselves. The NPA will be promoted as a primary instrument for implementation of the Convention, and private sector support will be sought for its funding.

86. Mobilization and public education will be strengthened through increasing support from the Press Association and individual media houses. UNICEF will provide the Ministry of Education and NGOs with technical and financial support to publicize children's issues and, in particular, for parenting education programmes.